

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16051

FILED  
Jan 13, 2011  
Secretary of State

**Entity Name:** RAINTREE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1130 NW 23RD TERR  
GAINESVILLE, FL 32605 US

**New Principal Place of Business:**

**Current Mailing Address:**

1301 NW 23 TERRACE  
GAINESVILLE, FL 32605 FL

**New Mailing Address:**

**FEI Number:** 59-2711592      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BERN, RONALD R TD  
1301 NW 23 TERRACE  
GAINESVILLE, FL 32605 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: BERN, RONALD  
Address: 1301 NW 23 TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: PD  
Name: CENZER, DOUGLAS  
Address: 2439 NW 12 PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: VPD  
Name: MOYER, SUE  
Address: 1225 NW 23 TERACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: SD  
Name: PRIMOSCH, LORIE  
Address: 2431 NW 13 PLACE  
City-St-Zip: GAINESVILLE, FL 32605

Title: D  
Name: HELLRUNG, DEE JAY  
Address: 1130 NW 23 TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RONALD BERN

TD

01/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date